

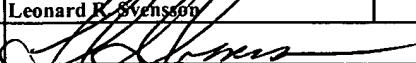
REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	1718-0213P
	First Named Inventor	HARMBERG, Johan
	Original Patent Number	6,337,324
	Original Patent Issue Date (Month/Day/Year)	January 8, 2002
	Express Mail Label No.	EV 227743736 US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)		
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment		
7. <input checked="" type="checkbox"/> Original U.S. Patent currently (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other: <u>Check No. 7000307</u>		
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	<u>Express Mail Certificate</u>		
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	<u>Terminal Disclaimer</u>		
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)			
a. <input type="checkbox"/> Computer Readable Form (CFR)			
b. Specification Sequence Listing on:			
i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or			
ii <input type="checkbox"/> paper			
c. <input type="checkbox"/> Statements verifying identity of above copies			

18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number:	02292	OR <input type="checkbox"/> Correspondence address below	
Name			
Address			Zip Code
City		State	Fax
Country	Telephone		

NAME (Print/Type)	Leonard R. Svensson	Registration No. (Attorney/Agent)	30,330
Signature			Date <u>3 Feb. 2004</u>

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

17513 U.S. PTO
10/772176
023034

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

020304
11696
US
PTO

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

1718-0213P

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A)	Total Claims (37 CFR 1.16(j))	(B) 36	**** =	x \$ 9 =	\$0	or	x \$ 18 =	\$0
(C)	Independent claims (37 CFR 1.16(i))	(D) 4	* =	x \$ 43 =	\$0		x \$ 86 =	\$0
Basic Fee (37 CFR				\$385				\$770
Total Filing Fee				\$385				\$770

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 78	MINUS	** 36	* = 42	x \$ 9 =	\$378	x \$ 18 =	\$756
Independent Claims (37 CFR 1.16(i))	*** 19	MINUS	***** 4	= 15	x \$ 43 =	\$645	x \$ 86 =	\$1,290
Total Additional Fee				\$1,023	OR			\$2,046

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is _____. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02292. A duplicate copy of this sheet is enclosed. A check in the amount of \$ 2,816 _____ to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**3 Feb 2004

Date



Signature of Applicant, Attorney or Agent of Record

30,330

Registration Number, if applicable

Leonard R. Svensson

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

MS REISSUE
PATENT
1718-0213P

IN THE U.S. PATENT AND TRADEMARK OFFICE

Applicant: Johan HARMENBERG et al. Conf.:
Original Patent No.: 6,337,324 Group:
Original Patent Issue Date: January 8, 2002 Examiner:
For: PHARMACEUTICAL COMBINATION

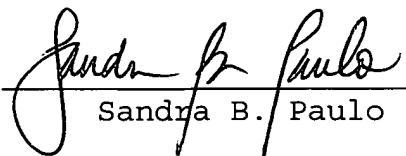
EXPRESS MAIL CERTIFICATE

DATE DEPOSITED: February 3, 2004

I hereby certify that the enclosed CONTINUATION OF A REISSUE APPLICATION AND RELATED DOCUMENTS are being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to MS PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Express Mail Label No.: EV 227743736 US

Date: February 3, 2004



Sandra B. Paulo

Mailing Address:

BIRCH, STEWART, KOLASCH & BIRCH, LLP
P.O. Box 747
Falls Church, VA 22040-0747
(714) 708-8555